

Patient Name: _____
Form 3

Colorectal Cancer (CRC) Screening Tracking Form

DATE: _____		Patient # _____
Is patient up-to-date with CRC screening: <input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ Is patient at higher than average risk? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If <u>NOT</u> up-to-date with CRC screening, has the patient agreed to CRC screening at this time: <input type="checkbox"/> No <input type="checkbox"/> Yes complete the following:		
DATE:		TEST:
1. At-home FOBT or FIT or sDNA Kit Given (circle one)		
Results received		
If NOT: Reminder card/letter sent		
If YES: Patient notified of results		
Positive → colonoscopy scheduled		
Negative → tickler file for re-test 1 year		
2. Referred for Flexible Sigmoidoscopy		
Test scheduled		
Results received		
If NOT: Reminder card/letter sent		
If YES: Patient notified of results		
Positive → results given to MD for orders & colonoscopy scheduled		
Negative → tickler file for re-test 5 year		
3. Referred for DCBE or CTC (circle one)		
Test scheduled		
Results received		
If NOT: Reminder card/letter sent		
If YES: Patient notified of results		
Positive → results given to MD for orders & colonoscopy scheduled		
Negative → tickler file for re-test 5 year		
4. Referred for Colonoscopy		
Test scheduled		
Results received		
If NOT: Reminder card/letter sent		
If YES: Patient notified of results		
Positive → results given to MD for orders		
Negative → tickler file for re-test 10 year or F/U tickler file as per endoscopist's recommendation		